



State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/20/2015

Business ID: 588398

William M. Gardner

Secretary of State

CHAMPION WINDOW COMPANY OF ALBANY, LLC

12 JUPITER LANE, SUITE 1
ALBANY, NY 12205

ADDRESS OF PRINCIPAL OFFICE:

12 JUPITER LANE, SUITE 1
ALBANY, NY 12205

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM
9 CAPITOL STREET
CONCORD, NH 03301

ENTITY TYPE: LLC

BUSINESS ID: 588398

STATE OF DOMICILE: DELAWARE

SALE AND INSTALLATION OF HOME IMPROVEMENT PRODUCTS.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address 12 PETRA LANE, STE 1, ALBANY, NY 12205

☒ The new principal office address 12 PETRA LANE, STE 1, ALBANY, NY 12205

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. ALEXANDRA SHIREY

STREET 12121 Champion Way

CITY/STATE/ZIP Cincinnati OH 45241

MANA. TODD DICKSON

STREET 12121 Champion Way

CITY/STATE/ZIP Cincinnati OH 45241

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. CHAMPION HOLDCO LLC

STREET 12121 Champion Way

CITY/STATE/ZIP Cincinnati Oh 45241

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Barbara Carroll

Please print name and title of signer: Barbara Carroll / AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



058839820151000

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301